



VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 1, 2018

Ms. Catherine Rooney, Manager
Harvey House Ltd
1860 Main Street
Castleton, VT 05735-7709

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 28, 2017**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/28/2017	
NAME OF PROVIDER OR SUPPLIER HARVEY HOUSE LTD		STREET ADDRESS, CITY, STATE, ZIP CODE 1860 MAIN STREET CASTLETON, VT 05735		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced re-licensure survey and a complaint investigation were conducted by the Division of Licensing and Protection on 12/27/17 and a follow-up to the survey was conducted on 12/28/17. The complaint was substantiated and the following regulatory violations were identified:	R100		
R104	V. RESIDENT CARE AND HOME SERVICES SS=B 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS	R104		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5099

DOZZ11

TITLE

(X6) DATE

2/19/18

If continuation sheet 1 of 17

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/28/2017
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R104	<p>Continued From page 1</p> <p>participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to include in the ACCS Admission Agreement for 3 of 3 applicable residents the amount of personal needs allowance provided each month to each resident. (Resident #1, 2, 4) Findings include: Per review of the admission agreements for Residents #1, 2, & 4 it was confirmed during interview with the owner/manager at 2:35 PM on 12/27/17 that there was a failure to include in the ACCS agreement the amount of personal needs allowance the residents would receive each month.</p>	R104	<p>On Jan 10 2018 I was able to find out the new ACCS RIB rate, personnel needs allowance for 2018. I called Chris Dupris at Vt Dept of Aging + Tax depended Living in Rutland to get the information needed. As of Jan 19, 2018 everyone has new agreement</p> <p>R-104 POC accepted 3/1/18 F. McIntosh/S. Perry RH</p>	
R162	<p>V. RESIDENT CARE AND HOME SERVICES SS=D</p> <p>5.10 Medication Management</p> <p>5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that staff do not administer</p>	R162		

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R162	Continued From page 2 Any medication, prescription or over the counter medication, for which there is not a physician's written and signed order for 1 out of 4 residents in the sample (Resident #3) Findings include: Per record review, Resident #3 had been receiving Senna 8.6 mg on a daily basis since April 2017. While the medication was listed on the Medication Administration Record (MAR) and documentation by staff reflected the medication had been regularly administered, there was no evidence that a physician's order had been obtained for this medication. The absence of an order for the Senna was confirmed with the owner/manager at 2:00 PM on 12/27/2017.	R162	<p>On Jan 8, 2018 the primary physician provided the order for the medication</p> <p>manager will monitor physician orders monthly on each resident have basis physician appt.</p> <p>R-162 POC accepted 3/1/18 F.mcIntosh/s.Perry, R.D</p>	
R176 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to dispose of outdated medications for 1 applicable resident. (Resident #1) Findings include: During an inspection of medication storage on the afternoon of 12/27/17 medications previously prescribed for Resident #1 were found on the top	R176	<p>Any medication that is not on the MARs will immediately be removed from facility - all medications have been removed Jan 1st 2018</p> <p>manager will monitor for outdated medications monthly</p> <p>R-176 POC accepted 3/1/18 F.mcIntosh, RUS.s.Perry, R.D</p>	

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R176	Continued From page 3 A shelf of the medication storage cabinet to include: Pro Air (Albuterol Sulfate 90 mcg) expired on 2/4/15 and saline nasal spray expired 11/15. The owner/manager was unaware expired medications were retained and not disposed.	R176		
R213	VI. RESIDENTS' RIGHTS SS=F 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced by: Based on observations and resident interviews, residents in the facility were not treated with consideration, respect and full recognition of resident's dignity and individuality for 4 of 4 residents residing at the facility. (Resident #1, 2, 3, 4) Findings include: 1. Per information provided in a complaint and resident interviews, staff have directed residents to only wear 1 shirt or sweatshirt when dressed for the day. Although residents have clothes in their possession to wear and to use when they feel cold, layers of clothing are not permitted by facility staff because the use of additional clothing has created too much laundry for staff to wash. The prohibition of resident's choice, comfort and the lack of consideration has resulted in staff failing to treat each resident with respect, dignity and individuality. Per interview at 2:40 PM on 12/27/17 the owner/manager confirmed some residents in the past have worn 3-4 shirts creating	R213		

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HARVEY HOUSE LTD	1860 MAIN STREET CASTLETON, VT 05735

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- R213 Continued From page 4

additional laundry for staff. At the time of survey it was also noted resident room temperatures were below required 70 degrees, however residents were unable to wear additional clothing for warmth. In addition, the clothes dryer was inoperable and outside temperatures were ranging from -3 degrees to 10 degrees Fahrenheit preventing hanging clothes outside to dry, which has been the process when weather was favorable.

2. During observation of the noon meal on 12/27/17, residents were served milk. When staff was asked if the residents were provided a choice of a beverage, the surveyor was informed there was "...no choice...", milk is what is served with no opportunity for tea, coffee or juice to be offered and served upon a resident's request.

R235 VII. NUTRITION AND FOOD SERVICES
SS=F

- 7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.

- This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to have on hand the necessary food supplies to create the documented meals that were posted for the weeks menu. Findings include:

1. During the environmental tour on 12/27/17 at 9:30 AM and assessment of food supplies on hand to coincide with the menu posted for the week of 12/24/17 - 12/30/17 the following foods

ID : PROVIDER'S PLAN OF CORRECTION (X5)
PREFIX : (EACH CORRECTIVE ACTION SHOULD BE COMPLETED
TAG : CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)

1. Residents have the choice of wearing layers - long johns/T-shirt/sweatshirt/sweater. Staff have been trained to assure residents have choice of clothing.

2. If resident request a substitution of beverage they can have a different beverage this includes juice, kool-aid, decaffinate tea/coffee. Staff have been educated. 1/5/2018

R-213 Pac accepted 3/1/18 From black
Sperry PW

R235
+
R238

There is now ample supply of dry goods, etc to cover meal times in the event of the usual daily deliveries of menu items manager will continue to monitor food supplies completed 1/5/2018

R 235 & R 238 POC accepted 3/1/18

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R235	Continued From page 5 Were not available: Bananas and apple sauce; meat ingredients for spaghetti sauce; breakfast sausage, eggs, ingredients for a toss salad and peanut butter identified to be the only food offered for an alternative to what was posted on the menu. At the time of this observation, a staff member confirmed the only available food was what was presently stored in the kitchen. Refer to Tag R238.	R235		
R238	VII: NUTRITION AND FOOD SERVICES SS=F 7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the owner/manager failed to assure there are sufficient food supplies maintained on the premises to meet the requirements of a planned weekly menu. Findings include: Per observation at 10:15 AM on 12/27/17 the only food found in the refrigerator included the following: a. 4 slices of processed cheese b. container of powdered milk c. container of cottage cheese d. individual servings of jello e. small container macaroni salad f. 1 stick of butter g. leftover Salisbury steak h. 1/2 cake i. small serving cooked noodles j. 2/3 loaf of white bread	R238	R 238 POC acupted on previous page 3/1/18 F. McIntosh/s. Perry RD	

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R238	<p>Continued From page 6</p> <p>Note: no fresh vegetables, fruit, variety of meat, cold cuts, etc.</p> <p>The refrigerator freezer contained:</p> <ul style="list-style-type: none"> a. 1 container of ice cream b. frozen biscuits & pancakes <p>Note: no meat, frozen vegetables or fruit.</p> <p>Dry food storage included:</p> <ul style="list-style-type: none"> a. 1 box of rice crispies, 1 box corn flakes b. 1 can of tomato sauce c. 1 can crushed tomato d. cream of wheat cereal e. uncooked rice f. 2 cans corn, 1 can turnip greens, 1 can sliced potato g. pancake mix h. 2 boxes of instant mashed potato. <p>Staff present at the time of the observation confirmed there was no other food stored and available for meal preparation. Food supplies on hand were not sufficient to sustain adequate and nutritious meals for 1 week for the 4 residents residing at the facility.</p> <p>It was confirmed the owner/manager does create some meals which are brought over to the facility. However, if this method of food preparation is unavailable and staff are required to prepare 3 meals each day, the present food supplies and ingredients on hand and available were insufficient to feed residents for 1 week.</p>	R238		
R240	VII. NUTRITION AND FOOD SERVICES SS=E	R240		
	7.1 Food Services			

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R240. Continued From page 7 7.1.b Meal Patterns The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.		R240																	
<table border="0"> <thead> <tr> <th colspan="2">Suggested Daily Food Group Servings</th> <th>What Counts as a Serving</th> </tr> </thead> <tbody> <tr> <td>Bread, Cereal, 6-11</td> <td></td> <td>1 slice bread,</td> </tr> <tr> <td>Rice, Pasta</td> <td></td> <td>½ bagel, English Muffin ½ hamburger/ hot dog roll, pita ½ cup cooked * cereal, rice, pasta 1 oz ready-to-eat cereal 3-4 small or 2 large crackers</td> </tr> <tr> <td>Fruit 2-4</td> <td></td> <td>¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit</td> </tr> <tr> <td>Vegetables 3-5</td> <td></td> <td>½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice</td> </tr> </tbody> </table>		Suggested Daily Food Group Servings		What Counts as a Serving	Bread, Cereal, 6-11		1 slice bread,	Rice, Pasta		½ bagel, English Muffin ½ hamburger/ hot dog roll, pita ½ cup cooked * cereal, rice, pasta 1 oz ready-to-eat cereal 3-4 small or 2 large crackers	Fruit 2-4		¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit	Vegetables 3-5		½ cup cooked or raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice			
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<p>R240 Continued From page 8</p> <p>Milk, Yogurt, 3 or more 1 cup milk, yogurt Cheese 1 ½ oz natural cheese</p> <p>Meat, Poultry, 2 (total of 2-3 oz cooked lean Legumes, Eggs 4-5 oz/day) meat, poultry or fish Nuts ½ cup cooked legumes 1 egg 2 tablespoons peanut butter 1/3 cup nuts</p> <p>Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea</p> <p>At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day.</p> <p>At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to incorporate the Recommended Daily Allowance of all food groups into the meals provided and failed to assure the reconstitution of powdered milk followed the appropriate manufacturers' directions for powder/water ratio. This has the potential to effect all residents. Findings include:</p> <ol style="list-style-type: none"> Upon review of the current weekly menu posted at the time of the survey, the residence failed to include one daily serving of a citrus fruit or other fruit or vegetable rich in vitamin C. Orange juice was available on 5 out of the 7 days 		R240	<p>R-240 POC accepted 3/1/18 F. McIntosh Rv/s. Remy Rv</p> <p>None of the residents like oranges/tangerines so will incorporate VITC vegetables in menu on days there is not VITC juice</p> <p>In addition fresh salads are provided twice weekly</p> <p>Other fruits are now included in menu weekly and part of preparation completed 1/5/2018</p>	

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R240	Continued From page 9 of the week for the posted menu, with no other evidence of a serving of fruit or vegetable option rich in Vitamin C. These findings were confirmed with the owner/manager on 12/27/2017. 2. Per interview during the morning of 12/27/17 the staff member in charge was unable to confirm what was the appropriate measurement for water and powdered milk when reconstituting the powdered milk that is served to the residents. As a result, it was unknown if residents were actually receiving the correct nutritional value from the powdered milk served with meals.	R240		
R243 SS=E	VII. NUTRITION AND FOOD SERVICES 7.1.c. (2) Supplemental nourishment (snacks) shall be offered to residents before their hour of retiring and between meals. This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the facility failed to provide nourishment to residents between scheduled meal times. This has the potential to effect all residents. Findings include: Per review of the current week's menu at the time of the survey, residents were offered coffee between breakfast and lunch, but no morning snack was provided. Residents were offered a beverage and snack between lunch and dinner, however the options did not include fruit or a healthy alternative to the cookies and crackers listed on the menu. The findings were reviewed	R243	<p>I have offered fruit at snack time before and no one will eat it the snacks provided are wheat they will eat & enjoy</p> <p>Manager will continue to address with residents possible alternatives completed 1/5/2018</p> <p>- R 243 POC accepted 3/1/18 F.m.Inubishi RV / S. Levy, ED</p>	

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R243	Continued From page 10 with the owner/manager on 12/27/2017.	R243		
R260	VIII. LAUNDRY SERVICES SS=E 8.1 The home shall launder bed and bath linens used by the residents. The home shall launder and return the residents' personal clothing in order for residents to be clean, well-groomed and comfortable. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by interview, the facility failed to assure laundry services could be provided efficiently and within a reasonable period of time. Findings include: Per observation of the laundry room at 9:30 AM on 12/27/17, the facility dryer was identified by staff as not working/out of order. Per interview with the owner/manager on the afternoon of 12/27/17, confirmed the clothes dryer was in need of replacement. It was acknowledged during ideal weather, clothes were hung out to dry, however with winter weather, this was no longer an option. Residents' clothes were being hung on a rack in the laundry room, however the lack of a dryer would limit the drying of bath linens and towels and availability of clothing to residents as needed.	R260	<p>Each resident has more than 7 days of clothing - a single day's worth of clothing is returned within 24hrs so they are never short of personal clothing.</p> <p>I have purchased/supplied an additional amount of towels, washcloths, & bed linens.</p> <p>by 1st of June manager will have new dryer installed</p>	
R266	IX. PHYSICAL PLANT SS=F 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and	R266	R 260 POC accepted 3/1/18 F. McIntosh RN / S. Penny, RN	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED C 12/28/2017
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
	R266 Continued From page 11 comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation at the time of the survey, the facility failed to maintain an ambient air temperature of 70 degrees Fahrenheit (as required) in all areas of the home utilized by residents which prevented an environment which was homelike and comfortable. Findings include: 1. During an environmental tour that began at 9:20 AM, the nurse surveyor measured air temperatures in several areas of the residence. One occupied resident bedroom was 63 degrees Fahrenheit (F) and three occupied resident bedrooms were 63.5 degrees (F). The temperature of the hallway near the resident bedrooms was measured to be 64 degrees. The air temperature of one handicapped accessible bathroom utilized by residents was 63 degrees (F). The findings were reported to the owner/manager at 3:10 PM via phone conversation. The owner/manager stated the temperature of the thermostats, which were secured by lock boxes, would be increased on 12/28/2017. NOTE: A follow-up unannounced visit was conducted at the facility on 12/28/17 at 4:15 PM to check residents' rooms and bathroom temperatures. The thermostats in each of the resident rooms and living room where noted to have been reset to 70 degrees (previously set between 66-67 degrees (F), however resident room temperatures, although slightly improved were noted to range from 66 degrees to 67 degrees (F). In addition, the air temperature in the handicapped bathroom was 64 degrees (F). The	R266	<i>manager will continue to monitor room & thermostat temperatures</i> <i>R-266 POC accepted 3/1/18 F. McIntosh PW/s. Perry, PW</i>

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R266	Continued From page 12 Readings were confirmed by the staff member who accompanied the surveyor when temperatures were checked. A follow-up phone call on 12/28/17 at 4:40 PM was made to the owner/manager who verified the thermostats had been reset to 70 degrees (F) in each of the resident rooms. The surveyor informed the owner/manager that despite the increase of the thermostats in resident rooms, temperatures remained below 70 degrees (F). In addition, the handicapped bathroom air temperature was 64 degrees (F). The owner/manager was informed further adjustments of thermostats was needed.	R266	<i>The thermostats were turned up again & the heating contractor has done adjusting to the furnace completed 1/1/18</i>	- R266 POC accepted 3/1/18 F. McIntosh PV (S. Lemay, PV)
R275 SS=D	IX. PHYSICAL PLANT 9.2 Residents' Rooms 9.2.h Each bed shall be in good repair, with a clean, comfortable mattress that is at least 6 inches thick, and standard in size for the particular bed, a pillow, bedspread, and a minimum of one (1) blanket, two (2) sheets, and one (1) pillowcase. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide adequate linens and blankets as required to 1 out of 4 residents (Resident #2). Findings include: During an environmental tour, one resident bed was observed to have sheets and a crocheted afghan, but no blanket or bedspread. The Owner/ Manager was informed of the findings on	R275	<i>Xtra comforters, blankets have been purchased & supplied to residents completed 1/1/18</i>	- R-275 POC accepted 3/1/18 F. McIntosh PV S. Lemay PV

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R275	Continued From page 13 12/27/2017.	R275		
R291	IX PHYSICAL PLANT SS=E 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain adequate hot water temperatures in all areas of the building. This has the potential to effect all residents. Findings include: During an environmental tour that started at 9:20 AM, the nurse surveyor measured hot water temperatures in the large handicapped accessible bathroom. The hot water temperature at the sink was measured at 104 degrees (F). The hot water from the shower was measured to be 101 degrees. The results were shared with the owner/manager on 12/27/2017. Presently, the owner/manager does not have a process in place to monitor water temperatures. NOTE: A unannounced follow-up visit was made to the facility on 12/28/17 at 4:15 PM. Hot water temperatures taken at the sink of the handicapped accessible bathroom sink was measured at 113 degrees (F). However, the hot water temperature for the shower was recorded at 71 degrees (F). This was confirmed by staff present at the time of the recorded temperatures. The surveyor contacted the owner/manager by telephone on 12/28/17 at 4:40 PM, and informed the owner/manager the water temperature for the	R291	<i>the plumber has ordered a new shower faucet mixer and will replace it as soon as it comes in manager will monitor water temps Completed 2/15/2018</i>	
			R 291 PO accepted 3/1/18 F. McIntosh RV /s. Lucy RD	

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R291	Continued From page 14 Shower in the handicapped bathroom used by residents registered at 71 degrees (F). The owner/manager was informed the water temperature required adjustment.	R291	<i>the plumber has adjusted the temperatures he waiting for new fixture to arrive and install completed 2/15/18</i>	
R296	IX. PHYSICAL PLANT SS=F 9.8 Heating 9.8.b The minimum temperature shall be maintained at an ambient temperature of 70 degrees Fahrenheit in all areas of the home utilized by residents and staff during all weather conditions. This REQUIREMENT is not met as evidenced by: Based on observation at the time of the survey, the facility failed to maintain an ambient air temperature of 70 degrees (F) in all areas of the home utilized by residents and staff. Findings include: During an environmental tour that began at 9:20 AM, the nurse surveyor measured air temperatures in several areas of the residence. One occupied resident bedroom was 63 degrees (F) and three occupied resident bedrooms were 63.5 degrees (F). The temperature of the hallway near the resident bedrooms was measured to be 64 degrees (F). The air temperature of one handicapped accessible bathroom utilized by residents was 63 degrees. The findings were reported to the Owner/ Manager who stated the temperature of the thermostats, which were secured by lock boxes, would be increased on 12/28/2017.	R296	<i>R 296 POC accepted 3/1/18 F. McIntosh RN/s. lewys/PU</i>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0380	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/28/2017
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R296	Continued From page 15 NOTE: A follow-up unannounced visit was conducted at the facility at 4:15 PM to check residents' rooms and bathroom temperatures. The thermostats in each of the resident rooms and living room where noted to have been reset to 70 degrees (F) (previously set between 66-67 degrees), however resident room temperatures, although slightly improved were noted to range from 66 degrees to 67 degrees (F). In addition, the air temperature in the handicapped bathroom was 64 degrees (F).	R296	<p>the thermostats were adjusted again & the plumber will install new thermostats & manager will continue to monitor room temperatures</p> <p>→ R296 - POC accepted 3/1/18 F. McIntosh RN / S. Levy, RD</p> <p>Resident is now in control of his own money. To have control of presently no other resident funds are being managed</p> <p>→ R313 POC accepted 3/1/18 F. McIntosh RN / S. Levy, RD</p>	
R313	XI. RESIDENT FUNDS AND PROPERTY SS-A 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the owner/manager failed to obtain a written consent to assist/manage resident's money for 1 applicable resident. (Resident #1) Findings include: Per interview on the afternoon of 12/27/17, the owner/manager confirmed s/he had failed to obtain a written agreement from Resident #1 requesting the assistance with his/her funds. Petty cash was being held for Resident #1 and			

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R313	Continued From page 16 money provided upon the resident's request.	R313		

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